

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5		4				
6		4				
7		4				
8		4				
9		0				
10		0				
11		0				
12		0				
13		0				
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39		0				
40		0				
41		0				
42		0				
43		0				
44		0				
45		0				
46		0				
47	1					
48		0				
49						
50						
TOTAL IND.	5					
TOTAL DEP.	65					
TOTAL CLAIMS	60					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						